



## AGENT'S REGISTRATION

Department of Natural Resources / Division of Forestry

State Form 50312 (7-01)

Agent's Full Name (Include Middle Initial)

Street

City

State

Zip

Telephone Number

County of Official Residence

Date of Birth

Social Security Number

The undersigned licensee understands that he or she or (if a company, trust, corporation, etc.) it is fully responsible for all of the actions of the above name agents as such actions pertain to the buying of timber, negotiating bids, writing contracts, signing contracts, or any other acts which are covered by Indiana Code 25-36.5-1-1 et seq.

Date

Licensee or Officer of Company, Corporation or Trust  
Being Licensed

Title

The undersigned licensee understands that he or she comply with all provisions of Indiana Code 25-36.5-1-1 et seq., and has knowledge of such state law, and by his or her signature does agree to comply.

Date

Agent's Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Being duly sworn upon this oath, deposes and says that he is the person who signed the above application and says that all statements in the above application are true, and said statements are made for the purpose of obtaining a Timber Buyers Agent's Card in the State of Indiana.

Notary Public Signature

Notary Public Printed Name

Subscribed and sworn to before me, a Notary Public, in and said County and State this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_